

## The City of St. Joseph, MO Adopt-A-Park Adopt-A-Trail Application

Name of Organization/Individual:	
Primary Contact Person:	
Contact Address:	
City, State, Zip:	
Contact Phone: E	-mail:
Park or Parkway/Trail Adopting:	
Anticipated Dates for Clean-Ups:	
I, speaking for my group, family or myself, agree to information sheet. I understand that should I fail to Administrative Office during the year about our 4 c	call the Parks, Recreation & Civic Facilities
	t of damages, or alleged damages of any nature of the performance or non-performance of said work. the adopter is not meeting the terms and conditions
Contact Person Signature:	Date:
Please return this completed application form to:	Adopt-A-Park, Adopt-A-Trail Parks, Recreation & Civic Facilities 1920 Grand Ave St. Joseph, MO 64505
Space below for office use:	
Date application received:	Start Date:
Parks Department Signature	Date: